



Instructions for Completing the Stormwater Facility Transfer Application

Property Owner- provide the name and contact information of the property owner.

Property Manager-If the property is managed by a property manager then provide property management information.

Location of structure-provide a description so someone can find it, i.e. behind 1300 Mulberry La., at the entrance to Sienna St. in the sidewalk.

Stormwater Facility Number(s)-this number is the common identifier for the facility. List all numbers included in the easements and agreements.

Easement and Agreement Recordation Date-this is the date when new easements and agreements were created or existing easements and agreements were modified giving Montgomery County the right of access to perform maintenance and specifying that aesthetic maintenance will remain the responsibility of the property owner. **A certified copy of the easements and agreements must be included with this application. Your application will not be processed without this information.**

Structure Type-is your facility (list all that apply) an oil/grit separator, underground storage structure, above ground sand filter, underground sand filter, dry pond, wet pond, wetland, Stormceptor, infiltration trench, don't know, other_____.

Property Tax Account Number-this is the number that appears on the tax bill. **Your application will not be processed without this information.**

Final Inspection Date Issued by DEP-your facility must be brought up to asbuilt standards or all inspection items must be repaired before acceptance into the program. DEP inspectors will furnish this final inspection date.

Signature of Applicant-the application must be signed by legal authority for property owner.

Check List- Final Inspection Date_____, Certified Easement and Covenants_____, Transfer Inspection (if necessary)_____.



**Department of Environmental Protection
Montgomery County, Maryland
Stormwater Facility Maintenance Transfer Application**

Date: _____

Application Number: _____
For Office Use Only

Property Owner

Name: _____
Address: _____
Address: _____
Phone: _____ E-Mail _____

Property Manager

Name: _____
Address: _____
Address: _____
Phone: _____ E-Mail _____

Location of Structure: _____ **Stormwater Facility Number:** _____
(Nearest Street Address)

Easement and Agreement Recordation Date: _____ **Structure Type:** _____
(Mandatory)

Property Tax Account Number: _____
(Mandatory)

Final Inspection Date Issued by DEP: _____
(Mandatory)

Land Use Code: _____

Stormwater Class Code: _____

Office Use Only

Signature of Applicant: _____ **Date:** _____

Print Name _____

Mail Completed Forms To:
Montgomery County Dept. of Environmental Protection
Stormwater Facility Maintenance Program
255 Rockville Pike, Suite 120, Rockville, MD 20850